

**COMMONWEALTH OF VIRGINIA  
PROJECT DELIVERABLE APPROVAL FORM**

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**PROJECT IDENTIFICATION**

Project Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Agency: \_\_\_\_\_ Agency Contact: \_\_\_\_\_  
Project Manager: \_\_\_\_\_

**DELIVERABLE INFORMATION**

Project Phase: \_\_\_\_\_ Date: \_\_\_\_\_  
Deliverable Name: \_\_\_\_\_ Author: \_\_\_\_\_

**ACCEPTANCE CRITERIA**

Criteria: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**REVIEWER INFORMATION**

**Reviewer Name:**

**Role:**

**Deliverable Name:**

**Recommended Action:** ☐ **Approve:** ☐ **Reject:**

**Reviewer Comments:**

**Date:**

**APPROVER INFORMATION**

**Approver Name:**

**Role:**

**Action:** ☐ **Approve:** ☐ **Reject:**

**Approver Comments:**

**Approver Signature:**

**Date:**

**PROJECT MANAGER INFORMATION**

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date